



## FACT SHEET

# Dislocated Shoulder

Continued from page 1

- The exam in this situation is limited by pain and the individual's fear of further injury.
- A diagnostic test is to attempt to move the arm through the throwing motion, checking not only the shoulder function, but the individual's level of anxiety (positive apprehension sign).
- Distal pulses and sensation are reported as checks of arterial and/or nerve damage.
- Pain relief is immediate and often quite dramatic with reduction. A sling or sling with waist strap (sling and swath) is worn to immobilize the joint. Individuals over the age of 40 are immobilized for 7-10 days and then gradually encouraged to exercise the shoulder as symptoms allow. If needed, physical therapy begins after about the second week for joint mobility and strengthening.
- Individuals under the age of 40 are at higher risk for re-dislocation and their shoulders are immobilized up to 6 weeks. Medication for pain and muscle relaxation are often prescribed.

### Tests:

- Plain x-rays (x-ray examination will also show any fractures of the shoulder bones (scapula, clavicle, and humerus).
- MRI may be required if a tear of the rotator cuff is suspected.

### How is it Treated?

- The need for reduction is urgent, but careful manipulation will prevent possible nerve damage and blood vessel damage.
- Reductions are rarely attempted without an x-ray examination. Closed relocation (reduction) is only possible when the muscles around the shoulder are relaxed. Medication for relief of pain and muscle relaxation are usually necessary.
- The reduction of anterior displacements can be accomplished with traction provided by gently pulling on the arm, or by hanging the arm over the edge of the exam table with weight attached to the wrist (Stimson Method). General anaesthesia may be used to provide complete relaxation during the manipulation.
- Posterior dislocations are reduced with a different method and the shoulder is immobilized with a spica cast (in a "gunslinger" position). With a spica cast, the arm is immobilized at an angle for the same period as described above. With a spica cast, the arm is immobilized at an angle for the same period as described above, however the physical therapy is more intensive after the cast is removed.
- Repeat dislocations are more difficult to treat. Each time the shoulder dislocates, more damage is done, making the shoulder more prone to dislocations.
- There is indication for reconstructive surgery in young male individuals who have a higher chance of recurrence. It is almost always indicated after the third dislocation, although some individuals choose to change their lifestyle as opposed to undergoing surgery.

*A safe and timely return to work benefits the patient and his or her family by enhancing recovery and reducing disability.*  
Canadian Medical Association

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*Continued from page 2*

### **What is the Predicted Outcome?**

Relief of pain and regaining a feeling of stability may come as early as one to two weeks. This is deceptive, as the stretched joint capsule takes about six weeks to heal, and the shoulder muscles need about four weeks of strengthening to maintain stability. Recovery may then take 6 to 10 weeks. If there are no fractures or soft tissue damage, return to near normal activities may be anticipated. Individuals who have recurring episodes of dislocation will have a shorter recovery time after each episode, but they are at greater risk for degenerative arthritis. Failure to rehabilitate the shoulder with attention to shoulder blade (scapula) stability will decrease overall stability of the joint and result in poor outcome.

### **What are the Work Restrictions and Accommodations?**

- Access to ice for control of pain and swelling.
- Use of a sling or sling and swath is mandatory for first time dislocations. This will limit manual dexterity.
- Lifting, carrying, and overhead work will be restricted for several weeks or permanently.
- Individuals whose work environment places them at risk for recurrent episodes may be asked to wear a protective harness. Overhead use of the arm is restricted with this device.

### **What are the Common Prescriptions?**

- Anti-inflammatories
- Analgesics
- Muscle Relaxants
- Anesthetics for the reduction